WHO: For students entering 3rd - 8th grade.

DATES:
July 3 - July 7  •  July 10 - July 14
July 17 - July 21  •  July 24 - July 28

TIME: 10am-3pm

COST: $50

ACTIVITIES: Games, swimming, field trips, bible lessons & more.

REGISTRATION: Opens May 1, 2017

CONTACT: Nina at (717)208-8080 to register
Dear Parents,

We are so excited to share with you about our Summer Day Camp. We hope that we’ll be able to serve your family through the weeks that we’ll be offering. Teen Haven provides a truly unique opportunity for youth to connect with God in a way they never have before. Our theme this summer is: **Out Of This World.** We will build on this theme through teaching the campers bible lessons, encouraging them to memorize bible verses and having daily activities that reinforce the message.

To sign up please complete the Camp Registration and Payment Options on the reverse side of this form with your desired week of day camp. Then return your completed Registration form along with your payment to the Teen Haven Center, at 205 S. Queen St., to reserve your spot! We will then call or email you to confirm your child’s registration. Please note: if your child has any allergies or serious medical conditions, please communicate with the Teen Haven staff before your child leaves for camp.

The heart of Teen Haven is that every child will be able to attend camp regardless of what their family can afford to pay. The actual cost of camp is $120 per week for each camper. We recognize that this amount may be too costly for some families, so we are pleased to offer the payment options below.

Please consider the payment option (out of those listed below) that best suits your family’s situation to pay for your child’s Summer Day Camp experience. If you are able, we also invite you to consider giving above and beyond the camp cost of your child to help cover scholarships for other Teen Haven campers who may not be able to afford the full cost to attend. Please note: The payment option you choose will be kept confidential by the Teen Haven office.

Thank you for your partnership in our ministry to serving urban youth! Your contribution will go towards Teen Haven as we live out our purpose, “To advance the kingdom of God by reaching urban youth with the gospel, discipling them to maturity, and equipping them to be leaders in their communities.”

**God Bless,**

*All of us at Teen Haven*

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**Payment Options** - Please check the box below to indicate the amount you’d like to contribute

- ☐ $50 (minimum camp payment – if this is a financial hardship, please contact us)
- ☐ $70
- ☐ $90
- ☐ $120
- ☐ Other __________

(For amounts above $120, you will receive a tax-deductible receipt for your contribution.)

**Cancellation and Refund Policy**
- **THERE ARE NO REFUNDS**
- In the event of a schedule change, you may transfer funds towards another week of camp as long as: 1) Teen Haven receives notice of the change 4 days before the original camp date, 2) the new date requested is within the summer schedule, and 3) there is an opening for your camper for the new date. Please contact your Teen Haven City Center as soon as you are aware of a potential change.

Please continue to the reverse side to complete the registration details. Thanks!

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**Official Office Use Only:**

<table>
<thead>
<tr>
<th>Form of Payment</th>
<th>Number</th>
<th>Amount</th>
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<td>Cash</td>
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- ☐ Confirmed Call

Notes: __________

Confirmed Call

Date: __________

Staff: __________
TEEN HAVEN
DAY CAMP REGISTRATION

PARENTS, PLEASE PRINT NEATLY & COMPLETE ALL THE INFORMATION

**DUE: by 4pm the Monday before the week you are registering your child for**

Select Camp Week

*Campers may attend more than one camp weekend, however, payment is due at registration to secure their place*

DAY CAMPER'S NAME ________________________________ CURRENT GRADE __________________

AGE_________ BIRTH DATE_____/_____/______ ☐ M ☐ F

Shirt Size: ☐ Child M ☐ Child L ☐ Adult S ☐ Adult M

PARENT/GUARDIAN NAME #1 ________________________________
PARENT/GUARDIAN NAME #2 ________________________________

ADDRESS____________________________________ APT#_______ CITY_____________________

STATE_______ ZIP CODE_________ HOME PHONE_________________ CELL PHONE______________

We’ll call or email you to confirm once your child is registered. Please list your preference for this confirmation:

Confirmation Contact: PHONE_________________ and/or EMAIL__________________________

ADDITIONAL PHONE ________________________________

EMERGENCY CONTACT (not same as parent/guardian) ___________________________ RELATIONSHIP ________________

EMERGENCY CONTACT HOME PHONE_________________ CELL PHONE ________________

MEDICAL INSURANCE CO_____________________________ POLICY #_________________________

Is your child taking any medications? ☐ YES ☐ NO, What kind? ___________________________

What do they take them for? ___________________________

*Please send any medications that need to be taken during the day with your child.*

Does your child have any allergies, asthma, etc. ☐ YES ☐ NO, What kind? _________________________

TREATMENT FOR THE ABOVE________________________________________________________

Is your child allergic to any medication? ☐ YES ☐ NO, What kind? ___________________________

NAME OF PRIMARY PHYSICIAN/CLINIC ________________________________ PHONE #__________________________

**PAYMENT INFORMATION**

Reminder to not mail cash payments!

Day Camp Payment $______________
TOTAL ENCLOSED $______________
Cash
Check – # ________________
Money Order – # ________________

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***CONSENT & RELEASE FORM***

As parent or legal guardian of the below named day camper, I give my permission for my child to go to Teen Haven Day Camp. I do hereby release and indemnify Teen Haven and/or Water Street Ministries of any and all responsibility resulting from injuries, which may be obtained by my child in route to or from, or while at Teen Haven. I hereby give Teen Haven staff and/or volunteer’s full permission and authorization to secure emergency medical treatment for my child in the event that I cannot be reached. I understand the likeness of my child may appear in day camp/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.

X ___________________________ (Parent or Guardian Signature)

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Questions? Contact the Lancaster Youth Center: Lancaster: 717-392-1995
To learn more about Teen Haven visit us online at: www.TeenHaven.org or on Facebook at: www.facebook.com/TeenHaven

Lancaster Youth Center's full permission and authorization to secure emergency medical treatment for my child in route to or from, or while at Teen Haven. I hereby give Teen Haven staff and/or volunteer’s full permission and authorization to secure emergency medical treatment for my child in the event that I cannot be reached. I understand the likeness of my child may appear in day camp/activity photographs and permit Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.